2016 - 04 - 18 - 0M - 000667-10

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 APR 18 AM 11: 24

Office Use Only

1. NAME COMM	OF ITTEE (in full)	TYPE OR PR	INT ▼	Example: If over the lin	typing, type es.	l2FE4M	5	
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2. FEC II	DENTIFICATION N	UMBER ▼	CIT	Y ▲		STATE A	ZIP (CODE A
C	0 1 1 7 6	1 4		S THIS REPORT	NEW (N) OR		MENDED A)	
(Choos	OF REPORT e One) parterly Reports: April 15 Quarterly Report (Counterly Report (Non-electic Year Only) (MY) Termination Report (TER)	Q2) F Q3) P Q3) P YE) on F	on: Mar		tion (12C)	Se	(12S) in the State	Special (30S)
5. Coveri	ng Period 0	1 0 1	Election 2 0 1		gh 0_3	3 1	/ 2 0 1 (e of
-	t I have examined the nt Name of Treasure	044	to the best of IcEntee	my knowledge	and belief it is t	rue, correct a	nd complete.	
Signature o	f Treasurer	Mr)	(m th			Date 0	4 1 3	2 0 1 6
	mission of false, error	neous, or incom	nplete informatio	n may subject the	person signing	this Report to		
1	Office Use							ORM 3X 2/2004

2016 · 04 · 18 · 07 · 000667

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

2 0 1 6 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2 0 1 6 4 8 5 1 2 0 January 1, (b) Cash on Hand at 5 Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 6 5 0 0 6_0_6 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

the Committee (Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

R	eport Covering the Period: From:	/ 0 1 / 2 0 1 6 т	o: 0 3 / 3 1 / 2 0 1 6
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	177311	177211
	(i) Itemized (use Schedule A)	1,7,7,3,4,4	1,1,1,3,4,4
	(ii) Unitemized	4 0 7 8 7 0	407870
	(iii) TOTAL (add	7)	
	Lines 11(a)(i) and (ii)▶	5 8 5 2 1 4	5_8_5_2_1_4
	(b) Political Party Committees		
	(c) Other Political Committees	*********	
	(such as PACs)	R R 23 A R 23 A R 7 A	
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	5_8_5_2_1_4	5_8.5.2_1.4
10	Totals to Line 33, page 5) Transfers From Affiliated/Other ■		
12.	Party Committees		
	ary committees		
13.	All Loans Received		
	<u>.</u>		
14	Loan Repayments Received		
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
	Political Committees		
17.	Other Federal Receipts	8 0	0 0
1Ω	(Dividends, Interest, etc.)		
10.	(a) Non-Federal Account		
	(from Schedule H3)		
	· · · · · · · · · · · · · · · · · · ·		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		
	L		
	Total Baseline (ed.) 11		
19.	Total Receipts (add Lines 11(d),	505004	505004
	12, 13, 14, 15, 16, 17, and 18(c))▶	5,852,94	5,8,5,2,9,4
20	Total Federal Receipts		
۷٠.	(subtract Line 18(c) from Line 19)▶	5 8 5 2 9 4	5 8 5 2 9 4
	,		<u> </u>

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		
	(ii) Non Fodoral Chara		
	(ii) Non-Federal Share(b) Other Federal Operating	6.5.0.0	6.5.0.0
	Expenditures(c) Total Operating Expenditures	6500	6 5 0 0
22	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	6 5 0 0	65_00
	Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6,00000	6,0000000
24.	Independent Expenditures		
25.	(use Schedule E)		
26.	Loan Repayments Made	47) 47) 47)	(2)
27. 28.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees(c) Other Political Committees	47) 473 473 473	
	(such as PACs)	, , , , , , , , , , , , , , , , , , ,	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	9	7)
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	9)	
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶		7)
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6,065,00	6,065.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	6,065,00	6_0 6 5 0 0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 5
. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) (from Line 11(d), page 3)	5 8 5 2 1 4	5 8 5 2 1 4
Total Contribution Refunds (from Line 28(d))		
Net Contributions (other than loans) (subtract Line 34 from Line 33)		
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6 5 0 0	6 5 0 0
Offsets to Operating Expenditures (from Line 15, page 3)		
•	6 5 0 0	6 5 0 0
	Total Contributions (other than loans) (from Line 11(d), page 3)	Total Contributions (other than loans) (from Line 11(d), page 3)

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	}	

FOR LINE NUMBER: PAGE 1 of 2

ITE	EMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a
An or	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)	· · · ·	
/	Farmers Mutual Hail Insurance Company		Committée
Α.	Full Name (Last, First, Middle Initial) Rutledge, Rona	ald P.	Date of Receipt
	Mailing Address 240 Linden Drive		03 37 2016
	City State Waukee Iowa 50263	Zip Code	Amount of Each Receipt this Period
	rodoral political committee.	0 1 1 7 6 1 4	2 5 3 4 4
		ent FMH	•
	Receipt For: Aggregate Primary General	Year-to-Date ▼	
	Other (specify) ▼	2 5 3 4 4	
	Full Name (Last, First, Middle Initial) Ball, Marion		Date of Receipt
	Mailing Address 13934 Buena Vista Drive City State	Zip Code	0.7 2.9 2016
	Urbandale, IA. 50323	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4	20000
	Name of Employer Farmers Mutual Hail Ins. Co. Asst VF	n P Claims	
	Primary General Other (specify)	Year-to-Date ▼ A 2 0 0 0 0	
 с.	Full Name (Last, First, Middle Initial) Dishon, Gerald	i	Date of Receipt
	Mailing Address 4403 62nd St.	-	07/29/2016
	Urbandale, IA. 50322	Zip Code	Amount of Each Receipt this Period
		0 1 1 7 6 1 4	2,50,00
	1	re Developer III	
	Receipt For: Primary General Other (specify)	2 5 0 0 0	
s	UBTOTAL of Receipts This Page (optional)		7 0 3 4 4
T	OTAL This Period (last page this line number only)		7.0.3,4.4

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

OF 2 FOR LINE NUMBER: PAGE 2 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

	NAME OF COMMITTEE (In Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee				
A.	Full Name (Last, First, Middle Initial) Ewart,	Larry	Date of Receipt		
	Mailing Address 15188 Bryn Mawr City	State Zip Code	01/29/2016		
	Clive, IA. 50325	State Zip Gode	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	300,00		
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation SVP Claims			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼			
В.	Full Name (Last, First, Middle Initial) Ladeh	off, Debbie	Date of Receipt		
	Mailing Address 2676 Brookview LN City	State Zip Code	01/29/2016		
	Van Meter, IA. 50261	State Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	300,00		
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP/Asst Secretary			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3 0 0 0 0			
С.	Full Name (Last, First, Middle Initial)	n Fischer	Date of Receipt		
	Mailing Address 603 13th St. SE City	State Zip Code	01/29/2016		
	Altoona, IA. 50009	State Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	47000		
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4 7 0 0 0			

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE	ΞВ	(FEC	Form	3X)
ITEMIZED	DISB	URSE	MENT	'S

SCHEDULE B (FEC FORM 3A)	Lies congrete cohedute(s)	FOR LINE N	·	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 	
	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		by any perso	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	and accessed of any pointed		The state of the s	
Farmers Mutual Hail Insurance Com	nany of lowa Politica	al Action C	Committee	
	ipany or lowa Follica			
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. Roberts for Senate				
Mailing Address PO Box 1495				
	tate Zip Code			
Topeka, KS 66601	·			
Purpose of Disbursement Debt Retire 2014			Amount of Fort Birth	
Candidate Name		0 1 1	Amount of Each Disbursement this Period	
Pat Roberts	'	Category/ Type	1,500,00	
Office Sought: House Disbursem	ent For:	.,,,,	() San ()	
	Primary General			
	Other (specify) ▼			
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Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
Roberts for Senate				
Mailing Address				
PO Box 1495				
•	tate Zip Code			
Topeka, KS 66601 Purpose of Disbursement				
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Pat Roberts		Type		
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Propident H	Other (specify)			
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Perserving America's Traditions PA	<u></u>		0 1 2 1 2 0 1 6	
Mailing Address 610 S Boulevard	•			
	tate Zip Code			
Tampa, FL 33606				
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	Primary General			
State: District:	Other (specify) ▼			
Oldio. District.				
SUBTOTAL of Disbursements This Page (optional)		>	5,000,00	
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TOTAL This Period (last page this line number only).		······ >		

SCHEDULE B (FEC Form 3X)

To reach category of the Detailed Summary Page	TEMIZED DISPURSEMENTS	Use separate schedule(s)	FOR LINE I				,r -
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any policical committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Farmers Mutual Hail Insurance Company of lowa Political Action Committee Full Name (Last, First, Middle Initial) Young for Iowa Mailing Address Purpose of Disbursement Contribution Carindiate Name David Young Office Sought: President President President Primary General State Zip Code	TEMIZED DISBURSEMENTS	for each category of the	ı ` —	—	23 24	25	26 I
Amount of Each Disbursement Tor: Candidate Name Last, First, Middle Initial) Date of Disbursement Disbursement For: Candidate Name Cast, First, Middle Initial) Date of Disbursement Disbursement For: Candidate Name Cast, First, Middle Initial) Date of Disbursement Date of D		Detailed Summary Page					1
NAME OF COMMITTEE (in Full) Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Full Name (Last, First, Middle Initial) Young for Iowa Mailing Address PO Box 162 City Van Meter, IA 50261 Pupose of Disbursement Contribution Candidate Name David Young Office Sought: State: IA Disbursement For: Senate Prisalant City State Zip Code Pupose of Disbursement City State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement City Amount of Each Disbursement City Amount of Each Disbursement this Period City City State Zip Code Pupose of Disbursement City City State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period City City City City City City City Cit							
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State: A District: 3 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Gandidate Name Office Sought: House Disbursement For: Senate President State: District: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought: House Disbursement For: Gandidate Name Other (specify) Office Sought:		nent For:	-1 *				
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